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PERSONNEL SCREENING AND EVALUATION RECORD

For use of this form, see AR 50-1; the proponent agency is DCS, G-3/5/7.

PRIVACY ACT STATEMENT OF 1974

AUTHORITY: Internal Security Act of 1950 (*Pub L. 81-831*), 5 U.S.C., 301, 10 U.S.C., 3013, E.O. 9397 and records will be maintained under file #640-10b and 690-200a.

PRINCIPAL PURPOSE: To evaluate the qualifications and suitability of an individual for assignment to certain sensitive duties under the nuclear/chemical/biological personnel reliability program.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notices also apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all or part of the requested information may result in non-selection for duties under the personnel reliability program.

PART I - INITIAL INTERVIEW

A. NAME OF INDIVIDUAL (<i>Last, First, MI</i>)	B. ORGANIZATION	C. JOB TITLE	D. SSN
E. I <input type="checkbox"/> do <input type="checkbox"/> do not object to PRP screening requirements. (Individual's initials)			
F. SCREEN FOR <input type="checkbox"/> Biological PRP <input type="checkbox"/> Chemical PRP <input type="checkbox"/> Nuclear PRP			
G. NAME OF INTERVIEWER	H. SIGNATURE	I. DATE (YYYYMMDD)	

PART IIa - PERSONNEL RECORDS SCREENING

A. Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found		
B. NAME OF SCREENING OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)

PART IIb - PERSONNEL SECURITY RECORDS SCREENING

A. Local records Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found		
B. Personnel Security Investigation (<i>PSI</i>): completed on _____ Type (<i>NACLC, ANACI, SSBI, etc.</i>) _____ <input type="checkbox"/> Favorably adjudicated <input type="checkbox"/> Dossier review required		
C. <i>PSI</i> request or reinvestigation (<i>If required</i>): submitted on _____ Type (<i>NACLC, ANACI, SSBI, etc.</i>) _____ DATE (YYYYMMDD)		
D. SECURITY CLEARANCE: <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret		
E. NAME OF SCREENING OFFICIAL	F. SIGNATURE	G. DATE (YYYYMMDD)

PART III - MEDICAL RECORDS SCREENING

A. Potentially Disqualifying Information (<i>PDI</i>) was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found		
B. NAME OF SCREENING OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)
E. RESCREENING (<i>if required</i>) - <i>PDI</i> was <input type="checkbox"/> found and forwarded to certifying official <input type="checkbox"/> not found		
F. NAME OF SCREENING OFFICIAL	G. SIGNATURE	H. DATE (YYYYMMDD)

PART IV - DRUG TESTING/SCREENING

A. SPECIMEN COLLECTED ON _____ Test results were <input type="checkbox"/> forwarded to certifying official or <input type="checkbox"/> certified negative DATE (YYYYMMDD)		
B. NAME OF OFFICIAL	C. SIGNATURE	D. DATE (YYYYMMDD)
E. ADDITIONAL SCREENING (<i>If required</i>): Specimen collected on _____ Test results were <input type="checkbox"/> forwarded to certifying official or <input type="checkbox"/> certified negative DATE (YYYYMMDD)		
F. NAME OF OFFICIAL	G. SIGNATURE	H. DATE (YYYYMMDD)

PART V - CERTIFYING OFFICIAL'S EVALUATION/ ASSIGNMENT BRIEFING

A. After thorough review of information provided, I find this individual: ☐ suitable for the PRP (Complete Part V, B & C)
☐ unsuitable for the PRP (Complete Part V, B and Part IX) ☐ authorized for Interim Certification (Complete Part V, B & C)

B. NAME OF CERTIFYING OFFICIAL

C. SIGNATURE

D. DATE (YYYYMMDD)

E. Individual's signature indicates a briefing on standards and objectives of the PRP was received and understood.

F. SIGNATURE

G. DATE (YYYYMMDD)

PART VI - CONTINUING EVALUATION/RECORD OF UPDATES

Document changes in individual's status and/or administrative data. If additional room is required to document an update, attach a continuation sheet.
For documentation requirements for restriction, suspension, administrative termination, or disqualification follow guidance in the appropriate regulation.
(ATTACH BLANK SHEET FOR CONTINUATION OF PART VI)

A. INDIVIDUAL'S SIGNATURE

C. REASON FOR UPDATE

D. DATE (YYYYMMDD)

B. CERTIFYING OFFICIAL'S SIGNATURE

PART VII - SUSPENSION OR TEMPORARY DISQUALIFICATION
(PENCIL ENTRY)

PART VIII - ADMINISTRATIVE TERMINATION

EFFECTIVE _____
DATE (YYYYMMDD)EFFECTIVE DATE (YYYYMMDD)

PART IX - DISQUALIFICATION

A. STATUS AT TIME OF DISQUALIFICATION

1. Being screened for PRP.

2. Assigned to:

 - ☐ a. biological duty position
 - ☐ b. chemical duty position
 - ☐ c. critical nuclear duty position
 - ☐ d. controlled nuclear duty position

B. REASON FOR DISQUALIFICATION

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Alcohol abuse |
| <input type="checkbox"/> | 2. Drug abuse |
| <input type="checkbox"/> | 3. Negligence/delinquency in duty performance |
| <input type="checkbox"/> | 4. Court-martial/civilian convictions |
| <input type="checkbox"/> | 5. Physical/mental condition |
| <input type="checkbox"/> | 6. Poor attitude/lack of motivation |
| <input type="checkbox"/> | 7. Other |

C. Individual is disqualified from the ☐ Biological PRP ☐ Chemical PRP ☐ Nuclear PRP

D. RATIONALE

E. Individual was notified of disqualification on _____ by _____	
DATE (YYYYMMDD)	METHOD OF NOTIFICATION

F. NAME OF CERTIFYING OFFICIAL

G. SIGNATURE

H. DATE (YYYYMMDD)

I. NAME OF REVIEWING OFFICIAL

J. SIGNATURE

K. DATE (YYYYMMDD)
